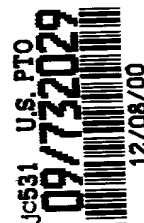




IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL FORM
(*only for new nonprovisional applications under 37 CFR 1.53(b)*)



ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231
BOX: PATENT APPLICATION

SIR:

Transmitted herewith for filing is the patent application (including Specification, Claims, Sequence Listing (if applicable) and Abstract, 18 pages) of:

Inventor(s): Paula S. Newman

For : Method and System for Display of Electronic Mail

***If a CONTINUING APPLICATION, please mark where appropriate and supply the requisite information below and in a preliminary amendment:*

☐ continuation ☐ divisional ☐ Continuation-In-Part (CIP)
of prior application Serial No. _____

Prior application information: Examiner :
Art Unit :

Enclosed are:

- ☒ 9 sheets of formal drawings.
- ☒ **Signed** Combined Declaration and Power of Attorney (2 pages).
- ☐ **Copy** of **signed** Combined Declaration and Power of Attorney (____ pages) from a prior application (1.63(d) (for continuation/divisional).
- ☐ **Signed** statement deleting inventor(s) named in prior application (____ pages) (1.63(d)(2) and 1.33(b)).
- ☐ **Incorporation By Reference:** The entire disclosure of the prior application, from which a **copy** of the oath or declaration is supplied herewith, is considered as being part of the disclosure of the enclosed application and is hereby incorporated by reference therein.
- ☒ Assignment (1 page) of the invention to **Xerox Corporation**.
- ☒ Assignment Transmittal Letter.
- ☐ Certified copy of a foreign priority document.
- ☐ Associate power of attorney.

- ☐ Applicant claims small entity status. (See 37 CFR 1.27.)
- ☐ Preliminary Amendment (____ pages).
- ☐ Information Disclosure Statement, form PTO-1449 (____ pages) and ____ references.
- ☐ **UNSIGNED** Combined Declaration and Power of Attorney (____ pages).
- ☐ Statement in Accordance with 37 CFR § 1.821(f) and computer readable 3.5" Diskette.
- ☒ A self-addressed, prepaid postcard acknowledging receipt.
- ☐ Other:


The Filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	SMALL ENTITY			LARGE ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE	XXXXXXX	XXXXXXXX	XXXX	\$355	OR	XXXX	\$ 710.00
TOTAL CLAIMS	33 20 =	13	x 9 =	\$	OR	x 18 =	\$ 234.00
INDEP CLAIMS	4 - 3 =	1	x 40 =	\$	OR	X80 =	\$ 80.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			x135 =	\$	OR	x270 =	\$0
*If the Total Claims are less than 20 and Indep. Claims are less than 3, enter "0" in Col. 2			TOTAL	\$	OR	TOTAL	\$1,024.00

- ☒ Please charge my Deposit Account No. **24-0037** in the amount of \$ 1,024.00 **A duplicate copy of this sheet is enclosed.**
- ☐ A check in the amount of \$_____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. **24-0037**. **A duplicate copy of this sheet is enclosed.**
- ☒ Address all future communications to:

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